

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION			
O.I.P.E. CLASSIFIER	C		2/19/81
FORMALITY REVIEW	BZ	TCT-883	2/22/81
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

<input checked="" type="checkbox"/>	Rejected	B	Non-Entered
<input type="checkbox"/>	Allowed	I	Entered
<input type="checkbox"/>	(Through number) - Cancelled	A	Agreed
<input type="checkbox"/>	Restricted	O	Cancelled

Claim	Date
1	1/20/81
2	1/20/81
3	1/20/81
4	1/20/81
5	1/20/81
6	1/20/81
7	1/20/81
8	1/20/81
9	1/20/81
10	1/20/81
11	1/20/81
12	1/20/81
13	1/20/81
14	1/20/81
15	1/20/81
16	1/20/81
17	1/20/81
18	1/20/81
19	1/20/81
20	1/20/81
21	1/20/81
22	1/20/81
23	1/20/81
24	1/20/81
25	1/20/81
26	1/20/81
27	1/20/81
28	1/20/81
29	1/20/81
30	1/20/81
31	1/20/81
32	1/20/81
33	1/20/81
34	1/20/81
35	1/20/81
36	1/20/81
37	1/20/81
38	1/20/81
39	1/20/81
40	1/20/81
41	1/20/81
42	1/20/81
43	1/20/81
44	1/20/81
45	1/20/81
46	1/20/81
47	1/20/81
48	1/20/81
49	1/20/81
50	1/20/81

Claim	Date
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	
42	
43	
44	
45	
46	
47	
48	
49	
50	

Claim	Date
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	
42	
43	
44	
45	
46	
47	
48	
49	
50	

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT SIDE)

BEST AVAILABLE COPY